

TEMPLATE FOR MASSACHUSETTS SCHOOL PHYSICIAN/MEDICAL CONSULTANT ROLE

Introduction: The school physician/medical consultant¹ role is continuing to evolve in Massachusetts. Recently, in response to questions as to what constitutes the role, the Massachusetts School Physician Committee, collaborating with the Massachusetts Department of Public Health School Health staff, drafted the following template containing a composite list of certain responsibilities included in various communities throughout the Commonwealth. **The template is intended to offer guidance to the school administrator and school physician as they define the role for their specific school district and student population.**

The school physician functions as part of a health team addressing the health issues of the students in each school district. In this unique position the school physician has opportunities to affect the health of large numbers of children and adolescents in many ways. Coordinated, comprehensive school health programs, as defined by the United States Centers for Disease Control and Prevention, include the following components: health education, health services, social and physical environment, physical education, guidance and support services, food service, school and work-site health promotion, and integrated school and worksite health promotion. Depending on the school district, the school physician may play a role in any or all of these components. In addition, the school physician may act as liaison to community providers. As the health care system undergoes dramatic restructuring, the school (the place where children spend many hours each day) offers unique opportunities for the school physician to join the school nurse in developing coordination and communication systems with local primary care providers, thus ensuring continuity of care.

While the school physician in most school districts will continue to work most closely with the school nurse, who is responsible for the daily management of the health service program, additional health team members may include, but not be limited to, the health coordinator/educator, social worker and other mental health professionals, food service directors, athletic directors, etc. The role of the school physician will continue to expand in different ways in different school districts. **The template, which will continue to grow and change, offers some concrete choices based on the needs of the specific school district, its student population and the community, which it serves.**

The depth and breadth of the physician role can be categorized into nine different functions: administration and planning, liaison to community physicians, direct service, clinical consultation, policy consultation, health education, public relations, advocacy and systems development consultation.

¹ The term “school physician” is the traditional term for the role. As the role expands to include more consultation functions, some school districts have used the term, “medical consultant.”

Administration and Planning²: In collaboration with the school nursing leader and other staff who administer components of the comprehensive school health program, the school physician:

- supports the school nursing leader and school nursing staff in planning and implementing the school health service program;
- assists in administering the program cooperatively with the school nursing leader, administration and local school committee;
- meets on a regular basis³ with the school nursing leader (and school nurses as appropriate) to review, evaluate and revise the program as needed;
- participates as an active member of the school health advisory council/committee, which meets quarterly, as required by the Massachusetts Department of Education Health Protection Grants;
- assists in emergency care planning for the school district; and
- participates in professional development relevant to school health.

In addition, the school physician may:

- assist in writing applications for health-related grants;
- assist in employing, supervising and evaluating school health personnel, as appropriate.

Liaison to Community Physicians: Because the school health service program emphasizes health promotion and is an important part of the health care delivery system serving children in the community, the school physician:

- interprets the importance of the school's health education program for children, adolescents and their families;
- interprets the role of the school health program in the continuum of health services for children, e.g., medication management of ADHD, asthma, diabetes, etc.;
- interprets federal and state school health regulations to community primary care providers; (These regulations include but are not limited to the regulations governing physical examinations, immunizations, medication administration in the schools and the rights of the disabled students.)
- consults with local providers on pertinent medical issues of individual students as they affect the child's performance in the educational environment, e.g., a child with a complex medical need;
- collaborates with local providers to prevent duplication of services between the school health program and the primary care providers, e.g., annual physical examinations for students participating in competitive sports, vision and hearing screening, etc.; and

² This section adapted from the Connecticut document by Martin Sklaire, M.D., "Suggested Qualifications and Role of the School Medical Advisor.

³ Meetings should occur at a minimum on a monthly basis.

- promotes communication and exchange of pertinent medical information (with parental consent) between the school health program and the primary care providers.

Direct Service: Every child and adolescent in Massachusetts should have a designated primary care provider. As more primary care providers are identified, the role of the school physician is moving from a direct service provider, e.g., performing physical examinations, to that of a medical consultant to the school and particularly to the school nurse. Based on the change in emphasis, the school physician:

- provides physical examinations (entry, every three to four years thereafter, annually prior to participation in competitive sports, and ages 14 to 16 prior to obtaining a work permit as per M.G.L. Chapter 71, Section 57) for only those students who lack a primary care provider;⁴
- may assume the role of sports team physician or assumes the responsibility for identifying a physician for coverage of school-sponsored sports events.

Clinical Consultation: As the role changes and the health needs of the students and staff become more complex, the school physician:

- consults on a regular basis with the school nurse; and
- consults with school administrators, other school personnel, etc. as needed.

Examples of issues requiring school physician consultation include but are not limited to:

- students with special health care needs;
- immunizations or implementation of state mandated immunization regulations;
- infection and outbreak control, e.g. pertussis, meningitis, pediculosis
- vision, hearing and postural screening;
- staff health, wellness and disability issues;
- mental health issues;
- classroom management of the child with physical or emotional issues (as requested by the school nurse, teacher or parent);
- medical transportation issues for children with special health care needs;
- school environmental issues as they arise, e.g., air quality, building safety, playground safety, “sick building syndrome”;
- school sports medicine program;

⁴ Every effort should be made to link a child with a primary care provider and to enroll the child in a health insurance program. Public health insurance programs through MassHealth and Children Medical Security Plan make it possible for all children in Massachusetts to have access to health insurance.

- medical orders for emergency medications, e.g., over-the-counter medications or epinephrine for children with undiagnosed life-threatening allergic conditions, immunization clinics, etc.;
- nutritional issues as they relate to such areas as the food service program, eating disorders, etc.; and
- health room facilities and equipment.

Policy Consultation: The school health program offers many opportunities to promote the health of large populations of children. To do this effectively, the school must have effective evidence-based policies. In the school physician's policy consultation role, he/she:

- participates in the school health advisory council/committee;
- collaborates with the school nurse, provides consultation on policies pertaining to the health and safety of school students and staff. Policies may include but are not limited to:
 - crisis intervention (depression, suicide and violence);
 - emergency and disaster planning and preparedness (collaborating with local emergency medical services);
 - immunization policies;
 - substance use/abuse, including tobacco
 - medical transportation;
 - healthy school environment (both physical and social);
 - nutrition issues including food services;
 - infection control and universal precautions;
 - attendance, including exclusion for illness;
 - medication administration, including non-prescription medications;
 - management of children with chronic illnesses such as asthma, diabetes, etc.; and
 - child abuse/neglect.

Health Education: The school offers many opportunities to encourage students to obtain information about health and learn skills, which promote healthy behaviors. The school physician:

- provides consultation, as needed, on health education curricula in grades pre-kindergarten through twelve;
- presents classroom lectures on relevant topics;
- provides education to staff and athletes on issues relating to sports medicine and injury prevention;
- provides medical information and health education for parents as appropriate;
- participates in school-sponsored health fairs.

Public Relations: The school physician:

- interprets health issues to the community, e.g., contributes articles to the local newspaper, provides health education; and

- may represent the school on health issues in the media (as requested by school administration) when a crisis occurs in the school or regarding the school-aged population.

Advocacy: As the comprehensive school health programs continue to grow and change to meet the needs of the student populations in modern society, there is an increasing demand for advocacy from the medical profession. As a respected medical professional in the community, the school physician:

- supports comprehensive health education, grades kindergarten through twelve;
- advocates for additional resources as needed;
- testifies at public hearings regarding school health issues, e.g., immunizations;
- is in contact with policy makers (local, state, and national) about issues pertaining to the health of children and adolescents and the role of the comprehensive school health program.

Systems Development Consultation: As the health care delivery system caring for children continues to incorporate the school health program as an active partner, some school districts are exploring organizational structures and mechanisms to enhance access and efficiency by providing on-site services and/or arrangements with local agencies to provide services. In these schools, the school physician, in collaboration with the school nursing leader, administrators and other appropriate staff, may:

- provide consultation on the development of a system of mental health services delivered in the school and linked to local providers;
- identify new programs for integrating and coordinating services with both internal and external providers;
- establish an ongoing system to identify students at risk for health or education issues;
- establish standards and quality assurance programs for the provision of services by external providers in the school;
- identify the need for a school-based health center, if access to health care is an issue in the community;
- play an active role in coordinating services and developing collaborative arrangements with other municipal agencies having a role in school health, e.g., the local health department;
- provide consultation on implementing school health data systems and data analysis, as well as information tracking systems, e.g., the Massachusetts Immunization Information System.